

<i>SERFF Tracking Number:</i>	<i>ERCB-125635517</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Westport Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>9-CIMGNF-AR-08-03602-1-F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Form filing for Commercial Inland Marine /9-CIMGNF-AR-08-03602-1-F</i>		

Filing at a Glance

Companies: Westport Insurance Corporation, North American Specialty Insurance Company, North American Elite Insurance Company

Product Name: Commercial Inland Marine	SERFF Tr Num: ERCB-125635517	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: 9-CIMGNF-AR-08-03602-1-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Theresa Cox	Disposition Date: 05/12/2008
	Date Submitted: 05/05/2008	Disposition Status: Approved
Effective Date Requested (New): 06/01/2008		Effective Date (New): 06/01/2008
Effective Date Requested (Renewal): 06/01/2008		Effective Date (Renewal): 06/01/2008

State Filing Description:

General Information

Project Name: Form filing for Commercial Inland Marine	Status of Filing in Domicile: Authorized
Project Number: 9-CIMGNF-AR-08-03602-1-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/12/2008	
State Status Changed: 05/12/2008	Deemer Date:
Corresponding Filing Tracking Number: 9-CIMGNF-AR-08-03602-1-F	
Filing Description:	
Westport Insurance Corporation, North American Specialty Insurance Company and North American Elite Insurance Company are filing the On Hook Liability Schedule of Changes SP 4 102 1107 for their Motor Truck Cargo Commercial Inland Marine program. This form will be used to list schedule changes that have been requested by the policyholder to its On Hook And Cargo Liability Coverage Form SP 3 967 0507 which was previously approved under filing AR-PC-07-026572 08-22. This form is a schedule and has no rate impact.	

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<i>Company Tracking Number:</i>	<i>9-CIMGNF-AR-08-03602-1-F</i>		
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<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
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Company and Contact

Filing Contact Information

Theresa Cox, Compliance Specialist	theresa_cox@swissre.com
5200 Metcalf	(800) 255-6931 [Phone]
Overland Park, KS 66201	

Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 02-0311919	

North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 13-3440360	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	Westport Insurance Corporation is domiciled in MO and MO charges \$50 for forms filing - North American Specialty and North American Elite are domiciled in NH and NH does not charge a fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$50.00	05/05/2008	20100956

SERFF Tracking Number: *ERCB-125635517* *State:* *Arkansas*
First Filing Company: *Westport Insurance Corporation, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *9-CIMGNF-AR-08-03602-1-F*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Commercial Inland Marine*
Project Name/Number: *Form filing for Commercial Inland Marine /9-CIMGNF-AR-08-03602-1-F*

North American Specialty Insurance Company	\$0.00	05/05/2008
North American Elite Insurance Company	\$0.00	05/05/2008

SERFF Tracking Number:	ERCB-125635517	State:	Arkansas
First Filing Company:	Westport Insurance Corporation, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	9-CIMGNF-AR-08-03602-1-F		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine		
Project Name/Number:	Form filing for Commercial Inland Marine /9-CIMGNF-AR-08-03602-1-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/12/2008	05/12/2008

SERFF Tracking Number:	ERCB-125635517	State:	Arkansas
First Filing Company:	Westport Insurance Corporation, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	9-CIMGNF-AR-08-03602-1-F		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine		
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Disposition

Disposition Date: 05/12/2008
Effective Date (New): 06/01/2008
Effective Date (Renewal): 06/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	On Hook Liability Schedule of Changes	Approved	Yes

SERFF Tracking Number: ERCB-125635517 State: Arkansas

First Filing Company: Westport Insurance Corporation, ... State Tracking Number: EFT \$50

Company Tracking Number: 9-CIMGNF-AR-08-03602-1-F

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine

Project Name/Number: Form filing for Commercial Inland Marine /9-CIMGNF-AR-08-03602-1-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	On Hook Liability Schedule of Changes	SP 4 102 1107	1107	Declaration New s/Schedule			SP 4 102 1107.pdf

[Insert Company Name Here]

ON HOOK LIABILITY SCHEDULE OF CHANGES

Vehicles Added

<u>Vehicle Number</u>	<u>Vehicle Description and ID No.</u>	<u>On Hook Deductible</u>	<u>On Hook Limit</u>
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Changes to Currently Scheduled Vehicles

<u>Vehicle Number</u>	<u>Vehicle Description and ID No.</u>	<u>On Hook Deductible</u>	<u>On Hook Limit</u>
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Vehicles Deleted

<u>Vehicle Number</u>	<u>Vehicle Description and ID No.</u>	<u>On Hook Deductible</u>	<u>On Hook Limit</u>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	ERCB-125635517	State:	Arkansas
First Filing Company:	Westport Insurance Corporation, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	9-CIMGNF-AR-08-03602-1-F		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine		
Project Name/Number:	Form filing for Commercial Inland Marine /9-CIMGNF-AR-08-03602-1-F		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	05/12/2008
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Comments:

Attachment:

NAIC Transmittal Document.pdf

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Swiss Reinsurance	181

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Westport Insurance Corporation	MO	181-39845	48-0121045	
North American Specialty Insurance Company	NH	181-29874	02-311919	
North American Elite Insurance Company	NH	181-29700	13-3440360	

5. Company Tracking Number	9-CIMGNF-AR-08-03602-1-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Theresa Cox 5200 Metcalf Overland Park, KS 66201	Compliance Specialist	800-255-6931, Ext. 6181	913-676-6226	Theresa_cox@swissre.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Theresa Cox		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0000 Inland Marine Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Inland Marine – Nonfiled Classes
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 06/01/2008 Renewal: 06/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	05/05/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	9-CIMGNF-AR-08-03602-1-F
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Westport Insurance Corporation, North American Specialty Insurance Company and North American Elite Insurance Company are filing the On Hook Liability Schedule of Changes SP 4 102 1 107 for their Motor Truck Cargo Commercial Inland Marine program. This form will be used to list schedule changes that have been requested by the policyholder to its On Hook And Cargo Liability Coverage Form SP 3 967 0507 which was previously approved under filing AR-PC-07-026572 08-22. This form is a schedule and has no rate impact.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: SERFF EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		9-CIMGNF-AR-08-03602-1-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	On Hook Liability Schedule of Changes	SP 4 102 1107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		